



Examiner: Patricia Bianco

Group Art Unit 3761

Patent Application of

Jeffrey H. BURBANK et al.

Application No. Filed

10/774,127 Feb. 6, 2004

Title of the Invention

HEMODILUTION CAP AND METHODS OF USE IN

BLOOD PROCESSING

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

Applicants request a one (1) month extension of time to respond to the Office Action dated March 20, 2006, in the above application from June 20, 2006 to July 20, 2006.

Please charge the fee of \$120.00 for the extension of time to Deposit Account No. 16-2500 of the undersigned.

Respectfully submitted,

PROSKAUER ROSE LLP

By

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Mark A. Catan

Reg. No. 38,720

Date: June 26, 2006

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1 FC:1251

120.00 DA

Complete if Known Application Serial Number 10/774,127 February 6, 2004 TRANSMITTAL Filing Date Jeffrey H. BURBANK, et al. First Named Inventor FY 2005 Group Art Unit 3761 Patricia Bianco **Examiner Name** Attorney Docket No. 53951-122 METHOD OF PAYMENT FEE CALCULATION (continued) 4. ADDITIONAL FEES Large Small ☐ Check ☐ Money Order ☐ Other Entity Entity Fee The Commissioner is hereby authorized to credit or charge any fee Fee Description X Fee(\$) Fee (\$) Paid indicated below for this submission to Deposit Account No. 16-2500 Surcharge - late filing fee or oath 130 65 Required Fees (copy of this sheet enclosed). 50 Additional fee required under 37 CFR 1.16 and 25 Surcharge - late provisional filing fee or cover sheet 1.17. 130 130 Non-English specification Overpayment Credit. \times Applicant claims small entity status. 2,520 2,520 Request for ex parte re-examination Extension for reply within 1st mo. 120 FEE CALCULATION 120 60 Extension for reply within 2nd mo. 1. BASIC FILING, SEARCH, AND EXAMINATION FEES 450 225 Extension for reply within 3rd mo. Examination Fee Paid 1,020 510 Search Application Filing Type Extension for reply within 4th mo. 795 Utility 300 500 200 1.590 Extension for reply within 5th mo. 1.080 2,160 Design 200 100 130 500 250 Notice of Appeal 160 300 Plant 200 Filing a brief in support of an appeal 500 600 500 250 300 Reissue 500 Request for oral hearing 0 1,000 Provisional 200 0 0 Petitions to the Director Small Entity Discount 400 180 180 Submission of IDS 1. TOTAL 2. EXCESS CLAIM FEES Small Entity 790 395 Filing a submission after final Fee (\$) rejection (37 CFR 1.129(a)) Each claim over 20 or, for Reissues, each claim 50 25 over 20 and more than in the original patent. For each additional invention to be 790 395 Each independent claim over 3 or, for Reissues, examined (37 CFR 1.129(b)) 200 100 each independent claim more than in the original Certificate of Correction for applicant's 100 100 patent. Submission of Terminal Disclaimer **Total Claims** Fee Paid (\$) 110 55 Extra Claims - 20 or HP= X \$50 =Other fee (Specify) Request for Continued Examination (RCE) HP = highest number of total claim paid for, if great than 20 Inden, Claims Extra Claims Fee Paid (\$) Other fee (Specify) - 3 or HP= 4. TOTAL: 120.00 HP = highest number of total claim paid for, if great than 3 Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$) 180 Claims TOTAL AMOUNT SUBMITTED 2. TOTAL: 120.00 SIGNATURE BLOCK 3. APPLICATION SIZE FEE If the specification and drawing exceed 100 sheets of paper, the application Respectfully submitted, size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Additional 50 or fraction Fee (\$) Total Date: June 26, 2006 Paid Sheets thereof Sheets Reg. No..38,720 Mark A. Catan round up to a /50 = Attorney for the Applicants -100 =whole number Tel. No.: (212)969-3000 Proskauer Rose LLP 3. TOTAL: Fax No.: (212)969-2900 1585 Broadway CORRESPONDENCE ADDRESS New York, NY 10036 Direct all correspondence to: Patent Department Proskauer Rose LLP 1585 Broadway New York, NY 10036 Tel. No.: (212)969-3000

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